

 4026	Public Service Commission of Wisconsin (9519) - DENALI SPECTRUM OPERATIONS LLC Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2008
	Rules for Reporting Assessable Revenue Definitions Help
* - indicates required fields	
Signature I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein. Utility Name: <input type="text" value="DENALI SPECTRUM OPERATIONS LLC"/> Person responsible for accounts: <input type="text" value="Allen M. Todd"/> * Title of person responsible for accounts: <input type="text" value="Assistant Secretary of Mgr. of Mgr. of Mgr. of Mgr."/> * Date: <input type="text" value="03/30/2009"/> * (mm/dd/yyyy)	
Identification Utility Name: <input type="text" value="DENALI SPECTRUM OPERATIONS LLC"/> Street Address: <input type="text" value="1 Doyon Place"/> * PO Box: <input type="text"/> PO Box Zip: <input type="text"/> City: <input type="text" value="Fairbanks"/> * State: <input type="text" value="AK"/> * Zip: <input type="text" value="99701-2941"/> * Web Site Address: <input type="text"/> Business Customers Phone: <input type="text"/> Example 6085551212 Ext: <input type="text"/> Residential Customers Phone: <input type="text"/> Example 6085551212 Ext: <input type="text"/>	
Primary Address - Primary Utility Contact (located at utility address) Name: <input type="text" value="Allen M. Todd"/> * Title: <input type="text" value="Assistant Secretary of Mgr. of Mgr. of Mgr. of Mg"/> * Firm/Company: <input type="text" value="Denali Spectrum Operations LLC"/> * Office Address: <input type="text" value="1 Doyon Place"/> * PO Box: <input type="text"/> PO Box Zip: <input type="text"/> City: <input type="text" value="Fairbanks"/> * State: <input type="text" value="AK"/> * Zip: <input type="text" value="99701-2941"/> * Fax Number: <input type="text"/> Example 6085551212 Phone Number: <input type="text" value="9074592019"/> * Example 6085551212 Email Address: <input type="text" value="todda@doyon.com"/> *	
Annual Report Contact - Contact Person for Information Contained in This Annual Report <input checked="" type="checkbox"/> Same As Primary Address Name: <input type="text"/> * Title: <input type="text"/> * Firm/Company: <input type="text"/> * Office Address: <input type="text"/> *	

PO Box: PO Box Zip:
City: * State: * Zip: *
Fax Number: Example 6085551212
Phone Number: * Example 6085551212
Email Address:

Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints☒ Same As Primary Address

Name: *
Title: *
Firm/Company: *
Office Address: *
PO Box: PO Box Zip:
City: * State: * Zip: *
Fax Number: Example 6085551212
Phone Number: * Example 6085551212
Email Address:

Assessable Revenues

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? ☒ (Y/N) *

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? ☐ (Blank/Y/N)

2) Do you believe that this year's CMRS revenues have already been reported to the Commission? ☒ (Y/N) *

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. (000's)
Wisconsin Gross Intrastate Operating Telecommunications Service Revenue Redacted

Annual Report Notes (if applicable)

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

Print

Check for Errors & Submit